

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/763520	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2	/	/					52		
3	/	/					53		
4	/	/					54		
5	/	/					55		
6	/	/					56		
7	/	/					57		
8	/	/					58		
9	/	/					59		
10	/	/					60		
11	/	/					61		
12	/	/					62		
13	/	/					63		
14	/	/					64		
15	/	/					65		
16	/	/					66		
17	/	/					67		
18	/	/					68		
19	/	/					69		
20	/	/					70		
21	/	/					71		
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39							89		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	18						TOTAL DEP.		
TOTAL CLAIMS	23						TOTAL CLAIMS		